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COUNTY BOROUGH OF WARRINGTON



# ANNUAL REPORT

*to the*

EDUCATION COMMITTEE

*on the work of the*

SCHOOL HEALTH SERVICE

*for the year*

**1953**

ERIC H. MOORE

B.Sc., M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.

*Medical Officer of Health and  
School Medical Officer*

HEALTH DEPARTMENT, SANKEY ST., WARRINGTON



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# TABLE OF CONTENTS

	Page
SCHOOL MEDICAL SERVICE SUB-COMMITTEE .....	5
STAFF .....	6
SCHOOL CLINICS .....	7
INTRODUCTION =	
Staff .....	10
Liaison with other services .....	10
Handicapped pupils .....	10
MEDICAL INSPECTION .....	11
SPECIAL EXAMINATIONS.....	12
SCHOOL CLINIC .....	13
TREATMENT OF DEFECTS .....	14
TREATMENT AT THE SCHOOL CLINIC .....	14
TREATMENT OF DEFECTS FOUND DURING MEDICAL INSPECTIONS =	
Defects of Vision .....	15
Ophthalmic Clinic .....	15
Orthoptic Clinic .....	15
Squint operations .....	15
Ear, Nose and Throat defects .....	16
Ear, Nose and Throat Clinic .....	16
Audiometry .....	18
Child Guidance Clinic .....	19
Speech Therapy Clinic .....	23
TREATMENT IN THE SCHOOLS .....	24
OTHER SPECIALIST TREATMENT PROVIDED UNDER THE NATIONAL HEALTH SERVICE ACT =	
Paediatric Clinic .....	25
Orthopaedic Clinic .....	25



# TABLE OF CONTENTS (Continued)

	Page
HANDICAPPED PUPILS -	
Numbers of handicapped pupils .....	26
Provision of special education .....	26
Partially-sighted pupils .....	27
Deaf and partially deaf pupils.....	27
Delicate and physically handicapped pupils .....	27
Educationally sub-normal pupils .....	28
Children receiving home tuition .....	28
PRINCIPAL SCHOOL DENTAL OFFICER'S REPORT .....	29
WORK OF THE SCHOOL NURSES .....	33
NOTIFIABLE DISEASES AND IMMUNISATION -	
Notifiable diseases .....	34
Immunisation against diphtheria .....	34
ANCILLARY SERVICES	
Nursery classes .....	35
Provision of milk and meals .....	35
Physical training .....	36
APPENDIX (STATISTICAL TABLES) -	
Table I Medical inspection .....	37
Table IIA Return of defects found .....	38
Table IIB Classification of general condition .....	39
Table III Infestation with vermin .....	39
Table IV Treatment tables .....	39
Table V Heights and Weights .....	42
Notifications to Local Health Authority .....	43

# SCHOOL MEDICAL SERVICE SUB-COMMITTEE

(As at 31st December, 1953)

## Chairman:

Alderman E. MARSHALL, J.P.

Alderman J. CANON BARDSLEY, M A, J.P.

Alderman H. HARDING, J.P.

Alderman H. MASSEY

Councillor W. G. CALDWELL, LL.B., J.P.

Councillor H. GRAY, J.P.

Councillor H. HARDMAN

Councillor Mrs. M. HARDMAN

Councillor Mrs. A. L. HINDLE

Rev. J. A. CUNNINGHAM

Mr. J. HELSBY, J.P.

Rev. J. RUSSELL

## Ex-Officio

The Mayor (Councillor W.P. TAYLOR, J.P.)

Alderman D. PLINSTON, J.P. (Chairman of  
the Education Committee)

Rev. E. DOWNHAM, B A. (Deputy-Chairman  
of the Education Committee)

---

Chief Education Officer: H. M. PHILLIPSON, M A.

# STAFF

(as at 31st December, 1953)

## PRINCIPAL SCHOOL MEDICAL OFFICER:

Eric H. Moore, B.Sc., M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.

## DEPUTY PRINCIPAL SCHOOL MEDICAL OFFICER:

Stanley R. Warren, M.B., Ch.B., D.P.H.

## SCHOOL MEDICAL OFFICERS:

Margaret L. Taylor, M.B., Ch.B., C.P.H.

Francis Simm, M.R.C.S. (Eng.) L.R.C.P. (Lond.)

## PRINCIPAL SCHOOL DENTAL OFFICER:

George J. Ellis, L.D.S. (V.U. Manchester)

## SCHOOL DENTAL OFFICER:

Mrs. Phyllis E. Lawton, L.D.S. (Manchester)

## EDUCATIONAL PSYCHOLOGIST:

Mrs. C.M. Rivett, B.A. (Lond.), M.A. (Manc.) Post graduate  
Certificate in Education (Lond.) (appointed 1.6.53)

## SUPERINTENDENT OF HEALTH VISITORS AND SCHOOL NURSES:

Miss N. Agar, S.R.N., S.C.M., H.V. (Cert.) (appointed 8.4.53)

## SPEECH THERAPIST:

Miss Melba E.M. Lowes, L.C.S.T. (appointed 21.9.53)

## VISITING CONSULTANTS

OPHTHALMIC: Sydney B. Smith, M.R.C.S., L.R.C.P., D.O.M.S., (R.C.P. & S)

EAR, NOSE AND THROAT: Mr. Walter E. Hunter, M.A., M.R.C.S., L.R.C.P.

PSYCHIATRIC: P.M. O'Flanagan, M.R.C.S.I., L.R.C.P.I., D.P.M.



# SCHOOL CLINICS

## A. PROVIDED BY LOCAL EDUCATION AUTHORITY

### INSPECTION CLINIC (Health Department, Sankey Street):

Monday to Saturday	Examination of cases referred by
9.0 a.m. to 9.45 a.m.	Teachers, Education Welfare Officers, School Nurses, etc.

### MINOR AILMENTS CLINIC (Health Department, Sankey Street):

Monday to Saturday	Treatment of contagious diseases of the
9.0 a.m. to 9.45 a.m.	skin, eyes, etc.
Saturday	Vaccination and immunisation.
9.0 a.m. to 12 noon	

### DENTAL CLINIC (Health Department, Sankey Street):

Monday to Saturday	Dental treatment (including orthodontic
(by appointment)	treatment)
Daily 9.30 a.m. to 10.0 a.m.	Emergency treatment.

### EAR, NOSE AND THROAT CLINIC (Health Department, Sankey Street):

#### Examinations -

Wednesday, 4.30 p.m.

#### Out-Patient treatment -

Daily (by appointment)

#### Operations -

Thursday mornings (at Warrington General Hospital)

### CHILD GUIDANCE CLINIC (Arpley Street):

#### Psychiatrist:

Friday afternoon (by appointment)

#### Educational Psychologist:

Daily (by appointment)

### CHIROPODY SERVICE

Cases seen by appointment

### SPEECH THERAPY CLINIC (Holy Trinity School):

Daily (by appointment)

## SCHOOL CLINICS (Continued)

### B. PROVIDED BY REGIONAL HOSPITAL BOARD

#### PAEDIATRIC CLINIC (Warrington General Hospital):

Tuesday mornings

Wednesday afternoons

(by appointment)

#### ORTHOPAEDIC CLINIC (Warrington General Hospital):

Examinations - Every fourth Tuesday, 10.0 a.m.

Treatment -

Wednesday and Friday

10.0 a.m. to 11.30 a.m.

Treatment of postural and crippling  
defects, etc.

#### OPHTHALMIC CLINIC (Warrington General Hospital):

Friday, 9.0 a.m.

(by appointment)

Examination and treatment of errors  
of refraction and squint.

#### ORTHOPTIC CLINIC (Warrington General Hospital):

Monday to Friday

9.30 a.m. to 4.30 p.m.

Treatment of cases of squint.



TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present to you my Annual Report for the year 1953.

The general state of school health during the year has continued to be good, and there has been no unusual incidence of any form of illness or disease. During the year under review, considerable improvements were made in the dental surgeries, which were completely re-equipped. The Principal School Dental Officer re-organised the service with considerable success, as indicated in his report. The present accommodation provides only two dental surgeries and the service calls for the work of more than two dental surgeons. At the present time, I can see no prospect of making this provision in the present building, but it is hoped that it may be possible for the construction of the new clinic premises to be commenced in the not too distant future.

For the major part of the year, the service had no Speech Therapist, but we were successful in making an appointment in the latter half of the year, and a report on the work of Speech Therapy is included in the text of the report.

The Child Guidance Clinic has continued to function within the limit imposed by the accommodation, and its general work has been enhanced by the appointment of an Educational Psychologist. The difficulty in this branch of the service is that the Consultant Psychiatrist is only available for one session a week. To function satisfactorily it is essential for the clinic to have three or four sessions from a Consultant Psychiatrist.

Co-operation with the hospital service and with the general practitioners has continued during the year, and the three branches of the health service have worked together with a good degree of co-operation.

I deeply appreciate the interest and support I have received from the Chairman and members of the Committee, and from all members of staff, both professional and clerical. At all times the Chief Education Officer has assisted in diverse ways, and the mutual understanding and smooth working arrangements between the School Health Department and the Education Department have materially assisted in the conduct of the service.

At the close of the year arrangements were in hand for the removal of the School Clinic to more spacious premises in Cairo Street, which removal will take place in the first weeks of the new year, and it is hoped with this removal to put into being the scheme for the re-organisation of the School Health Service.

I have the honour to be,

Your obedient Servant,

ERIC H. MOORE,

Principal School Medical Officer.

# INTRODUCTION

## STAFF

The staff position during the year has been relatively stable, there being a full complement of medical officers working. The full establishment of two Dental Officers was employed. As the Principal School Dental Officer's report indicates, there is need for an increase in staff. This cannot be accomplished until more surgery accommodation is available, and this is unlikely to occur before the building of the new clinic.

The position in regard to Health Visitors and School Nurses has improved steadily over the past few years, and the authority is now adequately staffed in this direction for the general requirements of the School Health Service.

## LIAISON WITH OTHER SERVICES

The School Health Service has had close co-operation with the General Health Services of the local health authority and also with general practitioners and the hospitals. No difficulties have arisen in this connection which have been unavoidable. In some departments there are long waiting lists for treatment at the hospital, and naturally this applies also to the treatment of schoolchildren.

## HANDICAPPED PUPILS

Greater attention has been paid to the ascertainment of handicapped pupils, especially to the educationally sub-normal, and apart from this latter group, placement in special schools seems to have become rather easier than hitherto.

There is an urgent need for the provision of Day School accommodation in the borough for educationally sub-normal children, and this matter is under consideration by the Local Education Authority.



## MEDICAL INSPECTION

The periodic medical inspections were conducted at the various schools and nursery classes in the borough according to the schedules of inspections laid down by the Minister of Education, and the results of these medical inspections will be found in the Appendix. All available pupils within the age groups to be examined were medically inspected.

Comparative figures of the total number of periodic inspections for the last four years are given below:-

1953	-	3,868.	1952	-	4,103.	1951	-	3,173.	1950	-	4,293.
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Medical inspections have proceeded smoothly, and I must acknowledge the co-operation of the teaching staff. Difficulties arise in certain schools due to the limited facilities that are available owing to the premises but, in all cases, Head Teachers have made the best possible provision for carrying out medical inspection.

The statistics recorded in the appendix show that there are no unusual defects arising and no unusual incidence of special defects.



## SPECIAL EXAMINATIONS

The special examinations fill the gaps between years of routine inspections, and the majority of defects requiring treatment are consequently seen at special examinations. These children are referred by teachers, school nurses, parents, education welfare officers, and others, who are encouraged to bring to the notice of the medical officers any children suspected to be in need of attention. These children are normally seen at the School Clinic.

The number of special examinations during 1953 was 2,786 as compared with 2,505 during 1952.

## EMPLOYMENT OF SCHOOLCHILDREN

All children who register for employment out of school hours are medically examined to ensure that any employment undertaken will not be detrimental to health. The figures given above for special examinations include medical inspections in connection with employment.

The number of certificates granted during the year was 172, the majority of the cases being boys employed in newspaper delivery.

## SCHOOL CLINIC

The following table shows the number of cases seen and treated at the school clinic, with comparative figures for the preceding three years:-

	No. of Children Attending		No. of treatments in schools (dressings)
	Inspection Clinic	Treatment Clinic	
1953	559	577	584
1952	544	575	632
1951	541	619	1,143
1950	956	863	1,947

An analysis of the cases seen at the inspection clinic compared with the previous year is reproduced below:-

	1953	1952
Ringworm - Body	2	1
Scabies	9	14
Impetigo	44	38
Other Skin Diseases	154	97
Eye Diseases	63	51
Ear Defects	76	89
Miscellaneous Ailments	191	245
Nasal Catarrh	20	9
	<hr/>	<hr/>
Totals:	559	544
	<hr/>	<hr/>

The premises used for housing the offices and clinics of the School Health Service have during the year been the building which, prior to the National Health Service, was the Tuberculosis Dispensary. These premises were quite inadequate to deal with the amount of work, and general working conditions were completely unsatisfactory. Towards the end of the year, negotiations were completed to obtain, on short lease, accommodation belonging to the Cairo Street Chapel Trustees, which will provide spacious accommodation for the School and Health Clinics and the offices of the School Health Department. This extra accommodation will make possible the very essential re-organisation of the School Health Service. For the first time it will be possible to collect the records of children in one place and to compile a really complete medical history of every child.

It is anticipated that the re-organisation of the School Health Service will have to be spread over approximately 2 years, but there is no doubt that this step will lead to a much increased efficiency in the service and to better co-operation with teachers and other medical services.

## TREATMENT OF DEFECTS

Defects were dealt with either at the Minor Ailments Clinic or were referred to hospital for specialist treatment, or referred to the private practitioners.

Of the forms of treatment available the following were provided directly by the Local Education Authority - minor ailments, ear, nose and throat, child guidance, speech therapy and chiropody. Other clinics are provided by the Regional Hospital Board on the same lines as the adult services, and some of these specialist clinics are reserved wholly or mainly for schoolchildren, e.g. eye and orthopaedic.

A list of the days and hours of attendance at the clinics is given on pages 7 and 8.

Detailed figures of the cases referred for the various forms of treatment are given in the following pages.

## TREATMENT AT THE SCHOOL CLINIC

The school clinic provides a comprehensive minor ailments service for schoolchildren. All children are examined by the medical officer and treatment is carried out as often as is necessary by the school nurses. Children requiring more elaborate forms of treatment are referred elsewhere as stated above. Treatment is confined to surface conditions (e.g. ointments, skin dressings, etc.) and no form of internal treatment such as medicines, etc., is dispensed with the exception of treatment of discharging ear with penicillin injections in conjunction with the Ear, Nose and Throat Clinic.



# TREATMENT OF DEFECTS FOUND DURING MEDICAL INSPECTIONS

The manner in which cases requiring treatment, found at periodic medical inspection and at the School Clinic were dealt with, will be found in the following pages under the heading of the appropriate defect.

## DEFECTS OF VISION

Table IV Group II in the Appendix shows that 774 children received treatment during the year. Of these 654 were dealt with at the Ophthalmic clinic at the Warrington General Hospital, 80 at the Minor Ailments Clinic, and 40 at the Warrington Infirmary.

The Consultant Ophthalmologist, Dr. S.B. Smith, holds a weekly clinic exclusively for schoolchildren at the Warrington General Hospital, and 654 cases were dealt with at this clinic during the year compared with 643 in 1952. There is still a considerable time lag between referral to the Ophthalmologist and the case being seen. Further sessions are required in order to minimise this delay, and the Regional Hospital Board have this position in hand.

## OPHTHALMIC CLINIC

654 cases were dealt with at the Clinic during the year, compared with 643 in 1952.

### Orthoptic Clinic

The orthoptic clinic is conducted at the Warrington General Hospital under the supervision of the consultant ophthalmologist.

The numbers of attendances at the clinic during 1953 was as follows:-

Schoolchildren	1,286
Pre-school children	287
Children from other authorities:-	
Lancashire C.C.	97
Cheshire C.C.	127
	<hr/>
Total attendances:	1,797
	<hr/>

### Squint Operations

Children in need of operative treatment are noted by the ophthalmologist and are referred to the Manchester Royal Eye Hospital.

164 children are awaiting operations at Manchester Royal Eye Hospital. The number admitted for operation in the year 1953 was 53.

It will be seen from these figures that the provision for operative treatment is still inadequate. It is hoped that some local provision may soon be made for these operations, which will necessarily have to be provided by the Regional Hospital Board.

There is no serious time lag between the eye examination and the provision of spectacles.

## EAR, NOSE AND THROAT DEFECTS

The number of cases referred for treatment of defects of the ear, nose and throat will be found in Table II.

Children who do not readily respond to treatment and all those who require operative treatment are referred to the ear, nose and throat consultant, Mr. W.E. Hunter.

### Ear, Nose and Throat Clinic

Details of the work of the ear, nose and throat clinic during the year are given below:-

Received Operative Treatment:-	
(a) For diseases of the ear	7
(b) For adenoids and chronic tonsillitis	135
(c) For other nose and throat conditions	12
Received other forms of treatment	73
No treatment required	151
Refused treatment	62
Left school or district before treatment was completed	8
Total cases referred:	<u>448</u>

The total number of attendances at the inspection clinic during the year was 787 and there were 960 attendances for treatment.

Particulars of treatment given at the Warrington Infirmary to school-children during the year were also made available to us. Details are given below:-

Received Operative Treatment:-	
(a) For diseases of the ear	-
(b) For adenoids and chronic tonsillitis	88
(c) For other nose and throat conditions	2
Received other forms of treatment	78
Total:	<u>168</u>

Details of children who were treated with chloramphenicol:-

Total number of cases treated	44
Number of "old cases" dry after treatment	25
Number still receiving treatment	6
Number refused treatment	2
Number of new cases dry after treatment	9
Number still receiving treatment	2
Refused treatment	-
Operations at clinic:-	
Antral lavage	27
Operations at Warrington General Hospital:-	
Mastoidectomy	6
Tonsils and adenoids	1



## Ear, Nose and Throat Clinic (continued)

Details of children who were treated with penicillin:-

Total number of children treated	23
Number of "old cases" dry after treatment	-
Number still receiving treatment	1
Number of new cases dry after treatment	15
Number still receiving treatment	7

Treatment of all cases of chronic otorrhoea with chloramphenicol in propylene glycol started in 1952 has continued throughout the year. The results have again been most gratifying as over 50% of the ears treated have remained dry. All cases have been re-examined at intervals. It is apparent that cases that do not respond to this treatment require operation. A daily intra-muscular injection of penicillin has been given to all cases of acute otorrhoea with nearly 100% success.

Regular attendance at the Clinic for these treatments is essential and some of the failures have been due to irregular or non-attendance..

AUDIOMETRY

Routine audiometric tests are carried out on children in the age group 9 - 10 years throughout the schools. Any children who fail the test are subsequently retested. The tables below give details of the tests carried out and the disposal of cases where a double failure was recorded, during 1952 and 1953.

Audiometric Tests

	1953	1952
Primary Tests		
Number of schools visited	20	19
Number of group tests	109	75
Number of children tested	1,048	936
Number of primary failures	109	116
Secondary Tests		
Number of group tests	30	11
Number of children tested	160	73
Number of double failures	34	15
Disposal of Cases		
Nothing abnormal found after treatment	9	3
Receiving treatment	5	5
Awaiting re-test after treatment	3	2
Referred for tonsils and adenoids operation	5	1
Treatment not beneficial	4	2
Under own doctor	1	1
Left district	2	-
Refused treatment	2	1
Still receiving treatment (from previous years)	7	8
Awaiting secondary test	18	66
Referred for intelligence testing (possibly educationally sub-normal)	1	-



## CHILD GUIDANCE CLINIC

A skeletal Child Guidance service was inaugurated in October, 1952 at premises at 26, Arpley Street, comprising a weekly session for a visiting Psychiatrist, assisted by a Social Worker seconded for three sessions weekly from the Mental Health Service. In June, 1953, with the appointment of a full-time Educational Psychologist, therapy begun was integrated with the work of the latter to establish a service which would offer both child guidance treatment, or psychological examination with assistance for backward children. In general, the new service is preventive and educative. The clinic deals with borderline states of health, with anti-social behaviour, with personality difficulties, and with states of retardation in schoolchildren.

### SOURCE OF CASES

Children between two and eighteen years may be referred by School Medical Officers, or recommended by head teachers. Other social workers, or parents themselves, may request the examination of a child.

### METHODS

The accommodation is pleasant and planned to allay anxiety in those attending; it includes two consulting rooms, a room for play therapy and a waiting room. Since the Psychologist is at present the only full-time worker, she makes a detailed study of each new case. Flexible methods have been introduced which would later facilitate the introduction of the full service envisaged, and diagnostic material has been procured. Forms were prepared for the systematic recording of case-histories, test-results, and follow-up information. Contact with outside bodies is made through the Principal School Medical Officer. For practical purposes a distinction is made between two types of clinical sessions, those of the Psychiatrist, and those of the Educational Psychologist.

#### I - Child Guidance Section

We have been fortunate to obtain the services of Dr. P.M. O'Flanagan as Visiting Psychiatrist. Children who have been referred have presented a variety of symptoms, such as night-terrors, stammer, tic, stealing, phobia and obsessional trends. Investigation usually reveals that such children have at the same time, difficulties in their relationships with other children, with adults, or with both, ranging from extreme timidity to over-aggressiveness. Before the psychiatrist sees the child, intelligence and characteristic responses of the patient are assessed by the psychologist and noted by a school medical officer. The social worker visits the home if required, and also enlists the help of any agencies likely to assist the treatment. The psychiatrist then sees child and parent until symptoms abate, or change of circumstances alters what can be achieved.

It is emphasised that at present psychiatric sessions are too few to permit the proper development of this aspect of the clinic. During the time available little more than supportive and symptomatic treatment can be given. There is a danger here that an attitude may develop towards the clinic that this is the only sphere in which psychiatric assistance is necessary. It has not been possible to conduct extensive treatment or to increase play-therapy, but the social worker has been present at the latter to note activities.

# I - Child Guidance Section (continued)

The tables below give details of cases dealt with during the year:-

## Cases referred for treatment:-

Enuresis, soiling, food and sleep difficulties	5
Over-timidity, solitariness, day dreaming etc.	2
Stealing, lying, truanting, sex difficulties	7
Temper tantrums, "showing off", spitefulness etc.	5
Asthma, tic, stammering	2
Irrational fears	1
Fits	1
Educational difficulties and placement	4
	<hr/>
Total:	27
	<hr/>

## Sources of cases referred:-

From School Medical Officers	12
" Educational Psychologist	1
" Head Teachers	12
" Specialists and General Practitioners	2
	<hr/>
Total:	27
	<hr/>

## Diagnosis of cases referred:

Habit Disorders		3
Psycho-Neurosis:		
Anxiety states	12	
Obsessional states	<hr/> 1	13
Personality disorders		1
Psychosomatic conditions		1
Prepsychotic states		2
Epilepsy		3
Intellectual inadequacy		2
Undiagnosed		1
No psychiatric condition present		1
		<hr/>
Total:		27
		<hr/>

At the beginning of the year there were 21 cases carried over from 1952. Of these 21, appointments were made for 3, but these 3 did not attend and were not seen during the year. During the year all the cases referred were seen at the clinic and were diagnosed, and 26 children, some of whom had been carried over from 1952, were seen for treatment during the year. On 31st December, 1953 there were still 11 children awaiting treatment at the clinic.



## I - Child Guidance Section (continued)

### Disposal of cases closed:-

Improved	3
No treatment required	1
Referred to other agencies	4
Unsuitable:-	
Mentally defective	1
Educationally sub-normal	3
Dealt with by Juvenile Court	2
Left area	1
Failed to attend	1
Others	1
	<hr/>
Total number of cases closed:	17
	<hr/>
Home visits made by Social Worker	269
Other visits made by Social Worker	17

It is emphasised that, without steady co-operation, good results are not possible: the service is confidential, and attendance usually voluntary. Much has been done to eliminate sources of trouble, and to alleviate the condition of patients attending.

## II - Mental testing in the School Health Service

This is combined with the diagnosis of specific disabilities and advice on remedial methods of teaching. Tests used are the same as those employed for child-guidance before treatment. School Medical Officers, with the assistance of the Educational Psychologist are required to determine to what degree children are capable of profiting from education within the framework of the ordinary school. The range of cases is wide, and when children are failing to reach acceptable standards in reading and number, more is necessary than an isolated measure of intellectual capacity.

Diagnosis is based on different forms of intelligence tests, and the appraisal of motivation and behaviour by skilled techniques. Tests in use are:-

- (i) Verbal:- Terman-Merrill (Forms "L" & "M", to permit retest without practice effect)
- (ii) Performance:- Collins Drever battery; Raven's Matrices with the two vocabulary scales; Koh's Blocks; Porteous Mazes.
- (iii) Projection Tests:- "Controlled Projection" by Reven. "Family Attitudes Test" by Jackson. Toys, paint and plasticine are available for self-expression.
- (iv) Attainment tests by Burt and by Schonell.
- (v) Additional tests based on reasoning, drawing a man etc.



## II - Mental testing in the School Health Service (continued)

Visit to the clinic may be followed by other forms of special investigation. In all cases a study is made of child, parent and environment. Head teachers make a full report and the child's social circumstances are taken into account. In every case the Educational Psychologist confers with the head teacher to promote the child's adjustment and school progress.

Cases dealt with by School Medical Officers and Psychologist: -

No. of children seen (with advice to parents)	84
Return visits for further observation	4
School visits paid by Psychologist (including Child Guidance Cases)	81
Waiting list at 31st December, 1953	38

Recommendations made: -

Ordinary school, with modified treatment	35
"            "            "    special educational treatment as an educationally sub-normal pupil	4
Education in a day special school	17
"            "            "    residential special school	5
Education in a            "            "            "    for maladjusted pupils	1
Reported to the Local Health Authority as ineducable	7
"            "            "            "            "            "            "    requiring supervision after leaving school	6
To remain under observation	9

Cases attending this clinic are predominantly children with educational difficulties, and such are referred in writing to the Principal School Medical Officer, the Chief Education Officer, or verbally to School Medical Officers or the Psychologist. Testing within schools will be carried out by the Psychologist when conditions are suitable for valid results, but such tests are only to assist instruction. The Chief Education Officer and the Psychologist, have this year examined up-to-date group-tests, suitable for administration by teachers themselves. In order to avoid non-professional use of diagnostic tests, teachers proposing to use individual tests are recommended to use Burt's revision of Stanford-Binet Scale, or Valentine's "Tests for Children".

## Future Trends

Shortage of teaching staff and of buildings is a national problem, but the work of this new service indicates how great is the local need for a day special school for educationally sub-normal children. Urban conditions impose severe strains upon children who are dull, neurotic, delicate or emotionally deprived. Since the School Health Service aims at continuously furthering positive health in all schoolchildren, it is gratifying to record that the real link between health and education has been shown in the close co-operation of Principal Officers, their deputies and assistants, during the early stages of founding the clinic, and the ready help afforded by the Superintendent of School Nurses and her staff, the Education Welfare Officers, and others, to render the work of the personnel more effective.

Future Trends (continued)

The interest of head teachers in children whom they referred, has been most marked. During this year the clinic has become a regular part of the School Health Service, and the allocation in the near future of clerical assistance should result in the consolidation of these initial gains. It is, however, very essential that more Psychiatric sessions should be available, but at present there is no indication that such will materialise.

SPEECH THERAPY CLINIC

The Speech Therapy Clinic was re-opened in September, 1953 after a lapse of one year.

A large number of children were awaiting the completion of their treatment, and an even larger number of names had been submitted by the Head Teachers of the schools as being suspected speech defectives. All the Departments of each school in Warrington were visited, appointments were sent to the parent of every child on the lists, and it will be seen by the figures below that the response, on the whole, was good.

In order that those who are in need of treatment should not wait too long before being admitted, it was arranged for suitable children to attend in small groups, but, in spite of this, there will be a waiting list for some time to come, since the "turnover" of a Speech Clinic is slow.

Attendance has been good, and, in most cases, all concerned have been most co-operative, which makes for a more rapid and easier recovery from the speech defect.

1. Investigation of cases referred:-

Appointments			Results of investigation				
No. made	No. attending	Not kept	No. of children taken for immediate treatment	No. of children placed on waiting list	No. of children to be kept under observation	No. of children not in need of treatment	No. of cases where treatment was refused
216	188	28	73	10	48	55	2

2. Treatment of cases:-

No. of cases treated	No. of attendances made	No. of cases discharged		No. of cases still being treated at 31.12.53
		Speech Normal	For non-attendance	
73	304	4	2	67



## TREATMENT IN THE SCHOOLS

The number of children excluded during the year by the medical officers and nurses on their visits to the schools was 163 (see details below). There were no exclusions on account of infectious disease.

	Boys	Girls	Total
Uncleanliness	18	147	165

The details with regard to the dressings applied by the nurses in schools are given below:-

	Boys	Girls	Total
Scabies	-	3	3
Impetigo	3	5	8
Minor eye defects	9	22	31
Minor ear defects	7	4	11
Miscellaneous conditions	250	281	531
	<hr/>	<hr/>	<hr/>
Totals:	269	315	584
	<hr/>	<hr/>	<hr/>

Children are encouraged to attend at the School Clinic for dressings where they can be given more satisfactorily.

Details of the work of the school nurses in connection with cleanliness inspections in schools are given on page 39 in Table III.

# OTHER SPECIALIST TREATMENT PROVIDED UNDER THE NATIONAL HEALTH SERVICE ACT

## PAEDIATRIC CLINIC

A complete paediatric consultant service conducted at the Warrington General Hospital by Dr. H. Angelman, is extensively used by the School Medical Officers, and the closest co-operation has been established with the consultant and a free interchange of information has been established.

## ORTHOPAEDIC CLINIC

The following tables give details of the work performed at the Clinic during the year:-

	1953	1952
No. of new cases examined	54	43
No. of cases treated	212	168
No. of cases in which operations have been performed	14	8
No. of cases who have attended for remedial treatment	63	105
No. of attendances made for treatment	378	583

The number of cases discharged from the clinic during the year was 103. The following is a summary of the reasons for discharge:-

No further treatment required	64
Left school - over age	8
Discharged for non-attendance	18
Left district	6
No treatment required	7
	<hr/>
Total:	103
	<hr/>

The following were the principal types of cases treated during 1952 and 1953.

	1953	1952
Flat Foot	20	26
Postural defects	2	14
Knock Knee	21	24
Club Foot	2	7
Defective Gait	2	3
Muscular paralysis	17	19
Referred for ultra-violet light treatment (sunlight)	1	3
Foot abnormalities	8	18
Injuries etc.	7	28
Miscellaneous defects	32	26

As will be seen there has been a considerable reduction in the number of attendances at this clinic.

# HANDICAPPED PUPILS

## NUMBERS OF HANDICAPPED PUPILS

The following table gives the numbers of pupils on the Handicapped Pupils' Register on the 31st December, 1953, together with the numbers ascertained during the year.

Classification	No. Ascertained during year	Total Ascertained at 31.12.53
Blind	-	1
Partially-sighted	-	9
Deaf	-	5
Partially-deaf	-	8
Delicate	-	4
Physically-handicapped	-	8
Educationally-subnormal	20	69
Epileptic	-	-
Maladjusted	-	-
Pupils with speech defects	-	-
Totals:	20	104

## PROVISION OF SPECIAL EDUCATION

The table below gives details of the numbers of pupils for whom special educational facilities have been provided.

Classification	Attending special school as		Receiving education under arrangements made under Section 56 of Education Act, 1944		Total
	Day Pupils	Boarders	In Hospital	At Home	
Partially-sighted	8	1	-	-	9
Deaf	-	5	-	-	5
Partially-deaf	-	8	-	-	8
Delicate	-	1	1	1	3
Physically- handicapped	-	1	1	5	7
Educationally sub-normal	-	8	-	2	10
Totals:	8	24	2	8	42



## PROVISION OF SPECIAL EDUCATION (continued)

The following handicapped pupils requiring special educational provision are still unplaced:-

Blind	1
Delicate	1
Physically Handicapped	1
Educationally Sub-normal	59

The Local Education Authority has included in its development plan certain proposals for special school accommodation.

It is possible for pupils to be suffering from these conditions to such a moderate extent that they are educable within the ordinary school system. Such children are not listed as handicapped pupils, consequently the above tables do not represent the total numbers.

### PARTIALLY-SIGHTED

The special class for partially-sighted pupils caters for children falling into this category. At the beginning of the year there were 7 children on the register. Although the class covers a wide range of ages, it is possible because of the small number attending, to give a large measure of individual attention to each pupil. The Consultant Ophthalmologist selects the pupils for admission and pays periodic visits of inspection. Each child is, in addition, examined at the Ophthalmic Clinic at intervals of six months or less. One pupil was admitted during the year.

### DEAF AND PARTIALLY-DEAF

There are thirteen pupils in these two categories, all of whom (five deaf and eight partially-deaf) are placed in residential special schools.

The regular periodic survey of children by means of the gramophone audiometer has continued to bring to light cases of deafness previously unsuspected. Details of the Audiometric tests carried out are given on page 18.

### DELICATE AND PHYSICALLY HANDICAPPED

Children in this category require an Open Air School. According to the Local Education Authority's development plans such a school could accommodate many children who are sub-normal, but not essentially ascertainable as delicate, thus serving a very worthwhile need.

Eight children were classified as physically handicapped, of whom five were receiving home tuition, one tuition in hospital, and one in a residential special school.

### Swimming Exercises

Swimming exercises are arranged for children suffering from the after effects of infantile paralysis under the supervision of swimming instructors appointed by the Local Education Authority. The cases receiving instruction are only those who have been individually recommended for such treatment by the Consultant Orthopaedic Surgeon.

## EDUCATIONALLY SUB-NORMAL

There are 69 pupils ascertained as educationally sub-normal of whom 8 are in special residential schools. The needs of the majority of the others could very well be met in a day special school if such accommodation were available.

In addition a number of children have been ascertained in this category who, although not requiring accommodation in special schools, do require special treatment in the ordinary schools. These, of course, are in the higher grades of sub-normality.

During the year, 49 children were tested, with the following results:-

Suitable for special (day) schools	17
"        "        "        (residential) schools	5
"        "        "        educational treatment within the ordinary school	4
Reported to the Local Health Authority:-	
Under Section 57 (3) Education Act, 1944	7
"            "        57 (5)        "        "        "	6
Recommended for admission to a residential special school for maladjusted pupils	1
Referred to Consultant Psychiatrist	2
To continue in Partially-sighted class	1
Failed test - referred to E.N.T. Consultant	1
No action taken - to be retested later	5
	<hr/>
Total:	49
	<hr/>

The formal ascertainment of a child as educationally sub-normal in no way solves the problem of suitably dealing with the child, a problem which is more acute than in most of the other categories of handicapped pupils. It is only in isolated instances that a place is obtained in a special school and then only where there are exceptional circumstances such as the absence of proper home conditions and possibly the appearance of the child before the Juvenile Court as a delinquent.

There are at present 69 children in this category, 61 of whom are awaiting special educational treatment, and this number will grow still further. The problem of their disposal will eventually have to be faced. There are already sufficient pupils ascertained to fill a school for educationally sub-normal children in this Authority.

## CHILDREN RECEIVING HOME TUITION

On the 31st December, 1953, there were 10 handicapped pupils on the home teacher's register. Of these 6 were physically handicapped (1 being a hospital case), 2 were delicate (1 being a hospital case) and 2 educationally sub-normal.



## PRINCIPAL SCHOOL DENTAL OFFICER'S REPORT

From a total schools' population of 13,604 children, 10,290 (75%) were examined and of these, 7,862 (76.3%) were found to require treatment.

The parents of 4,149 (52.7%) of those children requiring treatment gave permission for this to be carried out at the School Dental Clinic and by the end of the year, 2,556 (61.3%) of these children had been treated, leaving 1,563 (38.7%) to be carried over into 1954.

These 1,563 children will have first call on the services of the School Dental Clinic in 1954 and in addition to these cases, the children who received treatment during the early part of the year, are now overdue for re-inspection and further treatment.

This situation makes the possibility of carrying out routine School Inspections in 1954 seem remote, but it should be borne in mind that all the schools were inspected between September 1952 and October 1953, after which a reliable assessment of the general dental condition of the school children was made. This was found to be extremely bad, as the above figure of 76.3% shows.

The 1953 figures for work carried out at the Clinic were adversely affected by closure for 27 working days, during which time repairs and alterations were carried out. These alterations resulted in a more efficient working of the Service, but, unfortunately, they did not increase the working accommodation of two surgeries, which will, no doubt, become more severely taxed than at present, when more parents realise the value to their children's health and well-being of a sound dentition. Until, however, the working accommodation is increased, either temporarily or permanently, the problem of reducing the high incidence of dental disease, apart from meeting the increasing demand for dental treatment, will remain.

During the past year, priority has been given, so far as possible, to conserving the permanent dentition in the older school child, and I am pleased to report that the figure of 2,358 permanent fillings completed, represents an increase of 290% over a previous full year's working.

Unfortunately the majority of the temporary teeth coming under the notice of the School Dental Officers were beyond repair, as the figure of 2,669 extracted, shows.

1,176 cases were treated at the morning Emergency Session, which was introduced to deal with those children who develop toothache in the period between examination at School and the time they receive an appointment for treatment (4 - 5 months).

It is impossible to treat all the emergency cases which come to the Sessions, and this leads to an understandable resentment by unfortunate parents, who, after having elected to have treatment for their children under the School Dental Service, cannot obtain it. The brunt of this unpleasantness falls upon the Dental Clerk who has to use the Waiting Room as an office.



In conclusion - the Dental prospects of the schoolchild, under the present limited service available is one of increasing gravity - and as such, immediate priority should be given to the provision, now, of one extra room to enable another Dental Officer to be added to the existing staff of two.

This would give some measure of relief until such time as adequate Dental accommodation is provided for additional Dental Officers in the proposed new buildings.

# DENTAL INSPECTION AND TREATMENT

## A. - DENTAL INSPECTION

Number of pupils inspected by the Authority's Dental Officers:

(a) Periodic Age Groups:	Age 3	44
	4	201
	5	759
	6	1,104
	7	972
	8	879
	9	830
	10	855
	11	805
	12	751
	13	839
	14	720
	15	176
	16	20
	17	11
	18	5
		<hr/>
Total:		8,971
(b) Special Inspections		1,319
		<hr/>
Total (Periodic and Special):		10,290
		<hr/> <hr/>

## B. - DENTAL TREATMENT

Number found to require treatment		7,862
Number referred for treatment		7,862
Number actually treated		2,556
Attendances made by pupils for treatment		4,770
Half-days devoted to (a) inspection	53	
(b) treatment	<u>611</u>	
Total (a) and (b)		664
Fillings - permanent teeth	2,358	
temporary teeth	<u>26</u>	
Total		2,384
Number of teeth filled - permanent teeth	1,527	
temporary teeth	<u>24</u>	
Total		1,551
Extractions - permanent teeth	938	
temporary teeth	<u>2,669</u>	
Total		3,607
Administration of general anaesthetics for extraction		2,302
Other operations - (a) permanent teeth	708	
(b) temporary teeth	<u>34</u>	
Total (a) and (b)		742



## WORK OF THE SCHOOL NURSES

A cleanliness inspection of all children is carried out in every school each term. The school nurse endeavours to complete this inspection as early in the term as possible. Each child is examined for pediculosis, cleanliness of body and clothing, and condition of footwear. Any unsatisfactory condition is dealt with and followed up on subsequent visits to the school. Where necessary, domiciliary visits are made to effect a remedy.

A nurse accompanies the medical officer on all routine medical inspections. Her duties include the weighing and measuring of children, vision testing, and the preparation of the children for examination. In addition, she prepares the children for immunisation against diphtheria, where necessary, and obtains any information required from the teachers regarding the health of the children to be examined and of any other children whom the teacher may wish to bring to the notice of the medical officer.

At the clinic, the nurse is engaged in the treatment of the children for minor ailments and disinfestation.

In the cases of uncleanness the course of action laid down in Section 54 of the Education Act is followed. Cleansing Notices were issued in 36 cases, but only in 5 cases was it necessary to issue Cleansing Orders for the compulsory cleansing of the children at the cleansing station. No prosecutions were ordered in the year under review.

Some brief details of the work carried out by the school nurses are given below:-

	1953	1952
Number of dressings in schools	584	632
Visits to Homes of children (in many cases assisting with treatment)	280	267
Attendance at medical inspections in schools	233	247
Visits to schools for cleanliness inspections and reinspections	894	833
Number of cases of uncleanness treated at the school clinic	162	145
Number of attendances of uncleanness cases at the school clinic	655	611

# NOTIFIABLE DISEASES AND IMMUNISATION

## NOTIFIABLE DISEASES

As will be seen from the comparative statement given below the number of cases of notifiable infectious disease occurring among schoolchildren during the year there was no major outbreak of infectious disease.

There is still a considerable annual incidence of measles in the school population, especially in the younger groups. It would appear that this disease has lost its former periodicity falling in epidemic form on alternate years, and lately it has shown a steady annual incidence.

During 1953 there was rather more whooping cough prevalent than is usual, and some of the cases were quite severe.

	1953	1952
Scarlet Fever	69	61
Whooping Cough	100	45
Measles	227	264
Pneumonia	8	5
Dysentery	-	8
Poliomyelitis	1	-
Erysipelas	1	-
	<hr/>	<hr/>
Totals:	406	383
	<hr/>	<hr/>

## IMMUNISATION AGAINST DIPHTHERIA

The immunisation campaign was maintained throughout the year on a routine basis, and there was a further improvement on the previous year.

The number of children immunised during the year, at school and at the clinic, was as follows:-

Primary Courses	305
Secondary (Reinforcement) injection	1,210
	<hr/>
Total:	1,515
	<hr/>

The increase in numbers is gratifying, particularly in the case of reinforcement injections. This, however, should not lead to complacency and further improvement should be aimed at. Ideally, the figure for primary injections should be smaller since the primary immunisation should preferably be performed in infancy.

For the fifth year in succession no case of diphtheria has occurred amongst schoolchildren in Warrington.



## ANCILLARY SERVICES

### NURSERY CLASSES

Children attending the nursery classes attached to the infants' schools are examined every year. Details of the examinations will be found under the heading "Other periodic inspections" in Table I (a) in the Appendix from which it will be seen that 244 children were examined during the year.

These children are also examined each year by the dental officers as part of the routine dental inspections of the infants' schools.

All the facilities of the school health service are available to nursery children. Particulars of treatment are included in the various treatment tables in this report.

The school nurses also visit the nursery classes when carrying out their cleanliness inspections. Statistics are included in the appropriate tables.

The usual facilities for immunisation against diphtheria are available, and the nursery class is useful in enabling the medical officers to immunise those children who for one reason or another, were not immunised in infancy. The response is very satisfactory and for this purpose the class is a valuable adjunct in the general campaign for immunisation.

### PROVISION OF MILK AND MEALS

I wish to thank the Chief Education Officer for the following information concerning the supply of milk and meals in schools.

(a) MILK - The arrangements for the supply and distribution of milk in schools continued in operation as in previous years, one-third of a pint of milk being made available to each pupil daily, free of charge.

Children absent from school because of illness are not deprived of their milk; provided satisfactory arrangements are made by the parents for the collection of the milk from school, such children may continue to receive their daily ration of milk at home.

In July, 1947, the Ministry of Education issued regulations authorising the supply of one pint of milk daily at a reduced price to all children between 5 and 16 years who, by reason of disability of mind or body, are unable to attend school. Parents attend at the local food office and complete forms of application which are then passed to the Education Office. Arrangements are then made for the children to be examined by the Assistant School Medical Officers who sign the necessary certificates.



PROVISION OF MILK AND MEALS (Continued)

(b) MEALS - The Education Committee had ten school kitchens supplying meals to schools throughout the year.

Midday meals are served in all the schools. The charge continued at the rate of 6d. per day for children attending Nursery Classes and Special Schools throughout the year, but was increased from 7d. to 9d. per day from the 1st March, for other children. Free meals, and meals for less than the full charge, are supplied to children of parents whose income is within the Committee's scale.

The following table shows the average number of meals supplied per day during the year 1953.

Average No. of Pupils on Roll	Received free meals	Received meals for payment	Total	Percentage of pupils receiving meals
13,225	560	3,906	4,466	33.77

PHYSICAL TRAINING

The year has been notable for the issue of the Ministry's publication "Planning the Programme" which has had a wide effect particularly upon the work in Primary Schools and to some extent on other schools. The continued provision of consumable as well as permanent apparatus has found many schools well prepared to carry out the Ministry's most recent recommendations. The playing field position has been eased to a considerable extent by improved facilities in Parks and the use of playing fields at new schools and new school sites.

Coaching courses for teachers in Netball, Cricket and Athletic Coaching have been well attended during the year.

The Warrington Teachers Sports Committee has had its usual active year and has organised through its various sections inter-school and inter-town activities in all major games.

The Authority's swimming scheme for schools has had a most successful year particularly in the number of Royal Life Saving Society awards gained which have been far in excess of anything previously achieved.

The programme of evening activities provided at the Borough Gymnasium and at other Centres has attracted highly satisfactory numbers of young people throughout the year.

The widening of the field of activities both in schools and other centres has been a marked feature of the year's work and this is a most healthy sign. There is every indication that in all branches of the work of physical education sound progress is being made.

## MINISTRY OF EDUCATION

## Medical Inspection Returns

Year Ended 31st December, 1953

Table I

Medical Inspection of Pupils Attending Maintained Primary and Secondary Schools

## A. - PERIODIC MEDICAL INSPECTIONS

Number of Inspections in the Prescribed Groups	
Entrants	1,409
Second Age Group, Age 11	1,205
Third Age Group, Age 15	878
Total (Prescribed Groups):	3,492
Other Periodic Inspections:	
Nursery Classes	244
High School for Girls	51
Boteler Grammar School	71
Partially-sighted class	10
GRAND TOTAL:	3,868

## B. - OTHER INSPECTIONS

Number of Special Inspections	2,175
Number of Re-Inspections	611
Total:	2,786

## C. - PUPILS FOUND TO REQUIRE TREATMENT

Number of Individual Pupils found at Periodic Medical Inspection to require treatment (excluding Dental Diseases and Infestation with Vermin)

## NOTES -

- (1) Pupils found at Periodic Medical Inspection to require treatment for a defect are not excluded from this return by reason of the fact that they are already under treatment for that defect.
- (2) No individual pupil is recorded more than once in any column of this Table and therefore the total in column (4) is not necessarily the same as the sum of columns (2) and (3)

Group (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Table IIA (3)	Total individual pupils (4)
Entrants	-	193	193
Second Age Group	109	90	199
Third Age Group	71	70	141
Total (Prescribed Groups):	180	353	533
Other Periodic Inspections	6	35	41
GRAND TOTALS:	186	388	574



Table II

## A. - RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED

31st DECEMBER, 1953

NOTE: - All defects noted at medical inspection as requiring treatment are included in this return, whether or not this treatment was begun before the date of the inspection.

Defect Code No.	Defect or Disease	Periodic Inspections		Special Inspections	
		No. of defects		No. of defects	
		Requiring treatment	Requiring to be kept under observation but not requiring treatment	Requiring treatment	Requiring to be kept under observation but not requiring treatment
4	Skin	129	4	355	-
5	Eyes (a) Vision	186	95	186	4
	(b) Squint	28	8	18	-
	(c) Other	27	4	83	-
6	Ears (a) Hearing	4	3	15	-
	(b) Otitis Media	-	-	-	-
	(c) Other	30	5	100	-
7	Nose or Throat	63	257	179	1
8	Speech	12	6	9	-
9	Cervical Glands	1	3	-	-
10	Heart and Circulation	3	9	4	-
11	Lungs	1	47	-	-
12	Developmental				
	(a) Hernia	2	4	1	-
	(b) Other	4	20	3	-
13	Orthopaedic				
	(a) Posture	3	4	-	-
	(b) Flat Foot	19	26	3	-
	(c) Other	35	39	19	-
14	Nervous System				
	(a) Epilepsy	1	2	-	-
	(b) Other	1	1	1	-
15	Psychological				
	(a) Development	6	1	-	-
	(b) Stability	3	8	9	-
16	Other	16	22	18	-



B. - CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING THE YEAR IN THE AGE GROUPS

Age Groups  (1)	No. of pupils in-spected  (2)	A (Good)		B (Fair)		C (Poor)	
		No. (3)	% of col. 2 (4)	No. (5)	% of col. 2 (6)	No. (7)	% of col. 2 (8)
Entrants	1,409	150	10.64	1,211	85.95	48	3.41
Second Age Group	1,205	241	20.00	925	76.76	39	3.24
Third Age Group	878	115	13.10	697	79.39	66	7.51
Other Periodic Inspections	376	71	18.89	296	78.72	9	2.39
Totals:	3,868	577	14.91	3,129	80.90	162	4.19

Table III  
INFESTATION WITH VERMIN

All cases of infestation, however slight, are recorded.  
The return relates to individual pupils and not to instances of infestation.

(i)	Total number of examinations in the schools by the school nurses or other authorised persons	35,942
(ii)	Total number of individual pupils found to be infested	1,709
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2) Education Act, 1944)	36
(iv)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3) Education Act, 1944)	5

Table IV  
TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS)

NOTES -

- (a) Treatment provided by the Authority includes all defects treated or under treatment during the year by the Authority's own staff, however brought to the Authority's notice, i.e. whether by periodic inspection, special inspection, or otherwise, during the year in question or previously.
- (b) Treatment provided otherwise than by the Authority includes all treatment known by the Authority to have been so provided, including treatment undertaken in school clinics by the Regional Hospital Board.

GROUP I - DISEASES OF THE SKIN (excluding uncleanness, for which see Table III)

	Number of cases treated or under treatment during the year	
	by the Authority	Otherwise
Ringworm - (i) Scalp	-	-
(ii) Body	2	-
Scabies	8	-
Impetigo	58	-
Other skin diseases	176	63
Totals:	244	63

GROUP II - EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases dealt with	
	by the Authority	Otherwise
External and other excluding errors of refraction and squint	80	3
Errors of refraction (including squint)	* -	691
Totals:	80	694
Number of pupils for whom spectacles were		
(a) Prescribed		335
(b) Obtained		58

\* including cases dealt with under arrangements with the Supplementary Ophthalmic Services.

GROUP III - DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases treated	
	by the Authority	Otherwise
Received operative treatment -		
(a) for diseases of the ear	-	7
(b) for adenoids and chronic tonsillitis	-	223
(c) for other nose and throat conditions	-	14
Received other forms of treatment	145	78
Totals:	145	322

GROUP IV. - ORTHOPAEDIC AND POSTURAL DEFECTS

(a) Number treated as in-patients in hospital	59	
(b) Number treated otherwise, e.g. in clinics or out-patient departments	by the Authority	Otherwise
	-	315

GROUP V. - CHILD GUIDANCE TREATMENT

Number of pupils treated at Child Guidance Clinic	Number of cases treated	
	by the Authority	Otherwise
	45	3

GROUP VI. - SPEECH THERAPY

Pupils treated by Speech Therapist	Number of cases treated	
	by the Authority	Otherwise
	73	-

GROUP VII. - OTHER TREATMENT GIVEN

(a) Miscellaneous minor ailments (b) Other - 1. General Medical 2. General Surgical	Number of cases treated	
	by the Authority	Otherwise
	191 - -	- 171 111



Table V

HEIGHT

	No. Examined 1953	Age	1950		1951		1952		1953	
			ft.	ins.	ft.	ins.	ft.	ins.	ft.	ins.
BOYS										
Entrants	2	4	3	5	3	2½	3	3½	3	2
	142	5	3	6	3	5½	3	7	3	6
	470	6	3	9	3	7	3	7½	3	7½
	82	7	3	10	3	8½	3	9½	3	9½
Second Age Group	637	10	4	6	4	5½	4	6	4	5½
Third Age Group	442	14	5	1	5	1	5	2	5	1
Other Periodic Inspections - (Nursery Classes)										
	2	3	3	2	-	-	3	1	3	1½
	56	4	3	4	3	3	3	3	3	3
	64	5	-	-	3	4½	3	4½	3	5
GIRLS										
Entrants	1	4	3	4	3	4	3	2	3	4½
	133	5	3	6	3	5	3	6	3	5½
	491	6	3	8	3	8	3	7	3	7
	80	7	3	10½	3	9	3	9	3	9
Second Age Group	569	10	4	6	4	5	4	5	4	5½
Third Age Group	435	14	5	1	5	0½	5	1	5	0½
Other Periodic Inspections - (Nursery Classes)										
	1	3	3	1½	-	-	3	3	3	6
	44	4	3	2½	3	3½	3	2½	3	2
	78	5	-	-	3	3½	3	4½	3	4½

WEIGHT

	No. Examined 1953	Age	1950		1951		1952		1953	
			st.	lbs.	st.	lbs.	st.	lbs.	st.	lbs.
BOYS										
Entrants	2	4	2	13	2	8	2	7½	2	6½
	142	5	3	1½	2	12½	2	13½	2	12½
	470	6	3	6	3	2	3	1½	3	1½
	82	7	3	12	3	7	3	6½	3	6
Second Age Group	637	10	5	2	5	0	4	13½	4	13½
Third Age Group	442	14	7	3½	7	7½	7	9	7	6
Other Periodic Inspections - (Nursery Classes)	2	3	2	8½	-	-	2	5	2	2½
	56	4	2	12	2	8	2	8	2	8
	64	5	-	-	2	12	2	10½	2	11
GIRLS										
Entrants	1	4	2	12½	2	10	2	6	2	11½
	133	5	3	0½	2	12	2	11½	2	11½
	491	6	3	4	3	0½	2	13½	3	0
	80	7	4	0	3	7	3	3½	3	4
Second Age Group	569	10	5	1	4	12	4	13	4	13½
Third Age Group	435	14	7	7	7	4	7	5½	7	6
Other Periodic Inspections - (Nursery Classes)	1	3	2	8	-	-	2	5	2	3½
	44	4	2	11	2	8	2	6½	2	6½
	78	5	-	-	2	12½	2	10	2	10

STATEMENT OF THE NUMBER OF CHILDREN NOTIFIED BY THE LOCAL  
EDUCATION AUTHORITY TO THE LOCAL HEALTH AUTHORITY  
DURING THE YEAR 1953

	Boys	Girls
Notified under Section 57 (3) of the Education Act, 1944	6	1
Notified under Section 57 (5) of the Education Act, 1944	3	3

